

APPLICATION FOR MOBILE FOOD VENDOR LICENSE
CITY OF WATERVILLE, MAINE

Owner: _____

D/B/A: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Email:** _____

Driver's License #: _____

License Plate #: _____

State License #: _____

Do You Plan To Sell Seafood? _____

If Yes, List Applicable State License Numbers: _____

How Long have You Been In Business? _____

Owner's Signature